	/ _N			VISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $62-02532$	29
	DEP	ARTMENT AMEN	OF PUI	Registration District No. 318 Primary Registration District No. 1003 Registrat's No. 6338 STATE FILE NUMBER	
1	ON THIS STUB		1 1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where, deceased lived, If institution; Reside	
ı	VS 300 Rev. 4/59			in this sourt	mission) ide Limits
		AMENDED		OR OF THE PROPERTY OF THE PROP	No []
•	2 204			HOSPITAL OR THE TANK	de on Farm
	3	1		3. NAME OF DECEASED First Middle Last 4. DATE Month Day OF Corporation (Type or print) Edward G Whetsel DEATH June 26 1962	Year
	5 /			5. SEX	
	6	SW.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant (Disability) Roy N. Rogers Co. St. Louis, Missouri U.S.A.	COUNTRY
	7 0	FOLLOW		138. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	
•	8 Z			15. WAS DECEASED EVER IN U.S. ARMED FORCES? 14 SOCIAL SECURITY NO. 17. INFORMANT Address	
•	9	THIS RECORD ARE AS DOCUMENT		(Yes, np. or unknown) (If yes, give war or dates of service No Mrs. Norine Whetsel, 1901 E.Prairie	e Ave
	10		ΙŻ	18. CAUSE OF DEATH (Enter only one cause per line	L BETWEEN
1			OME	IMMEDIATE CAUSE (a) Respirately tacked 144	gadial
			000	Conditions, if any, DUE TO (b) Useria	Roys
•			<u> </u>	which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Manage Year State Cardio Varence Con Control Con Control	reals
1	/ ^	8		U disease condition given in PART I (a)	female was last 90 days.
	60 5	SIZ		¥43± □ Yes □ No	☐ Unknown
		AMENDMENTS		19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of ite PERFORMED? USES NO 10	m 18.)
	RIBBON	AME		Y 20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
				20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK 20f. CITY, TOWN, OR LOCATION COUNTY form, factory, street, office bldg., etc.)	STATE
	ĕ ĕ Ë	REAL		21. I attended the deceased from 24 / 949, to 26 will be and last saw him elive on secure 2	765
ı	E B			Death occurred at	stated.
	USE BLACH OR TYPEWRITER	SHOULD	P.	22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. ADDRESS 22c. 22c. 22c. 22c. 22c. 22c. 22c. 22	DATE SIGNED
	-	ļļ	.↓J\įį̃	23a BUDIAL CREMATION, 123b, DATE 23c, NAME OF CEMETERY OR CREMATORY 23d, TOCKNON (City, town, or county)	State)
l_		9	AFFIDA	Burial June 28,1962 Calvary Cemetery St. Louis Missouri	·- <u>-</u> ·
		[3]	×	Math Hermann & Son, Inc., 2161 E. Fair Av IIIN 26 1962	D.
			. 100	St. Louis. 7. Missouri	-

STATEMENT BY LICENSED EMBALMER

1 hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed Julius RBnorm
Signature of Student Embalmer	Licensed Embalmer No. 5/46
•	P. O. Address Shario, 11/5.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.